## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

S. V. Govindan

Title:

STABLE RADIOIODINE CONJUGATES AND METHODS

FOR THEIR SYNTHESIS

Prior Appl. No.:

09/605,873

Prior Appl.

Filing Date:

06/29/2002

Examiner:

Unassigned

Art Unit:

Unassigned

## CONTINUING PATENT APPLICATION TRANSMITTAL LETTER

Mail Stop PATENT APPLICATION Commissioner for Patents PO Box 1450 Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is a:

[ ] Continuation [ X ] Division [ ] Continuation-In-Part (CIP)

of the above-identified copending prior application in which no patenting, abandonment, or termination of proceedings has occurred. Priority to the above-identified prior application is hereby claimed under 35 U.S.C. § 120 for this continuing application. The entire disclosure of the above-identified prior application is considered as being part of the disclosure of the accompanying continuing application and is hereby incorporated by reference therein.

[X] Applicant claims small entity status under 37 CFR 1.27.

## Enclosed are:

- [X] Specification, Claim(s), and Abstract (35 pages).
- [X] Declaration and Power of Attorney (3 pages).
- [X] Information Disclosure Statement.
- [X] Form SB08 listing 19 references.



- [X] Preliminary Amendment.
- [X] Application Data Sheet (37 CFR 1.76).

The filing fee is calculated below:

	Claims		Included in		Extra				Fee
	as Filed		Basic Fee		Claims		Rate		Totals
Basic Fee							\$770.00		\$770.00
Total Claims:	20	-	20	=	0	X	\$18.00	=	\$0.00
Independ ents:	2	-	3	=	0	x	\$86.00	=	\$0.00
If any Multiple Dependent Claim(s) present: + \$290.00								=	\$0.00
SUBTOTAL:								=	\$770.00
[X] Small Entity Fees Apply (subtract ½ of above):								=	\$385.00
TOTAL FILING FEE:								=	\$385.00

- [X] A check in the amount of \$385.00 to cover the filing fee is enclosed.
- [ ] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

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Sigh B Meet

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